

MICHAEL K. SCHWARTZ, D.D.S. AND JULIUS HYATT, D.D.S., P.A.
THE MARYLAND CENTER FOR ORAL AND MAXILLOFACIAL SURGERY

MICHAEL K. SCHWARTZ, D.D.S.

JULIUS HYATT, D.D.S.

FREDERICK G. SMITH, M.S., D.D.S.

DONALD M. TILGHMAN, D.D.S.



Fellows
American Association of Oral
and Maxillofacial Surgeons

Diplomates, American Board of Oral and Maxillofacial Surgery
Practice Limited to Oral and Maxillofacial Surgery

October 18, 2002

Michael Smith, Esquire
Salsbury, Clements, Bekman, Marder and Adkins, L.L.C.
Suite 450
300 West Pratt Street
Baltimore, Maryland 21201

RE: WILLIAM LOCKWOOD

D/A: June 7, 1999

Dear Mr. Smith:

This letter is in reference to the treatment rendered for William Lockwood. As you are aware, Mr. Lockwood was involved in a significant bicycle accident on June 7, 1999. He sustained multiple fractures of the maxilla and mandible, as well as his maxillary and mandibular dentition. His two anterior teeth, #8 and 9, were avulsed in the accident, as were the mandibular incisors. Mr. Lockwood was referred to me by a plastic surgeon at the Bayview Medical Center for reconstruction of the maxilla and mandible.

Mr. Lockwood was first evaluated in my office in September, 1999. He was diagnosed as having severe atrophy of the anterior mandible, as well as vestibular insufficiency.

Mr. Lockwood underwent several surgical procedures consisting first of a bone graft to the anterior mandible. This took place on April 6, 2000. Mr. Lockwood then underwent a skin graft vestibuloplasty of the anterior mandible with removal of an anterior bone plate on June 22, 2000. Finally, he underwent the placement of two implants in the anterior mandible in order to restore his mandibular dentition on August 24, 2000. Fortunately, he recovered extremely well from the above procedures without any apparent complications. Finally, he was referred to Doctor Michael Linnan, a prosthodontist, for the placement of crowns in order to restore his maxillary and mandibular dentition.

It is my opinion, with a high degree of medical certainty, that Mr. Lockwood will require close follow-up evaluations of the maxillary and mandibular crowns for an indefinite period of time. There is a reasonable likelihood that he will require replacement of his maxillary bridge every twenty years, which includes six crowns. Tooth #28, which also sustained a crown fracture, may also require replacement of a crown every twenty years. There is a reasonable likelihood that he will not require the replacement of his implants or the associated crowns attached to the implants.

Hunt Valley Medical Center
10 Warren Road, Suite 330
Cockeysville, MD 21030
(410) 666-5225
Fax: (410) 666-7220
<http://www.goinplant.com>

The Federal Hill Atrium
723 S. Charles Street, Suite 103
Baltimore, MD 21230
(410) 727-4886
Fax: (410) 727-4893

PLAINTIFF'S
EXHIBIT



McDonogh Crossroads
Crossroads Drive, Suite 200
Ling Mill, MD 21117
(410) 363-7780
Fax: (410) 581-9724

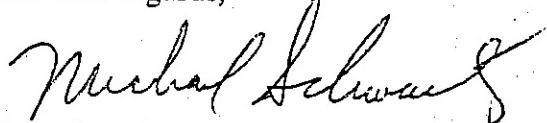
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To: Michael Smith, Esquire
Re: William Lockwood

The probable cost for future treatment will be approximately \$8,000.00 every twenty years. It is also my opinion that Mr. Lockwood has achieved complete reconstruction of the maxilla and mandible without any limitations or permanent impairment. However, he did sustain a permanent paresthesia of the mandible as a result of the fracture and surgical procedures to correct the mandibular fracture. According to the Guidelines of the American Medical Association, Mr. Lockwood has an eight (8%) percent permanent partial disability as it relates to a paresthesia of the right inferior alveolar nerve.

If you have any questions regarding Mr. Lockwood, please do not hesitate to contact me.

With best regards,



Michael K. Schwartz, D.D.S.

MKS/HV:esp